Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.89	****	6.89	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	126444	126444	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Joseph Bauer Joseph Bauer/ Environmental Specialis the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)6/11/202 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2020	1	05/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56 ⁻	7-4874)6/11/2020
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

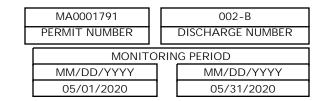
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	>= 6.68	*****	<= 6.77	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111593	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/11/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

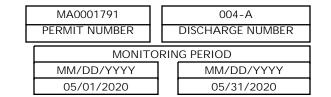
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.72	*****	6.72	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	145164	145164	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	8.1	8.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.2	1.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/11/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

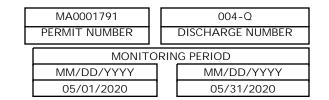
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.2	*****	1.2	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56 ⁻	7-4874)6/11/2020
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

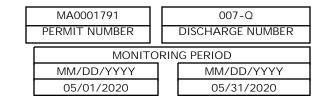
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/11/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	Г	007-Q
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2020	Ī	05/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/11/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

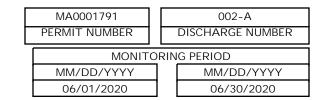
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	*****	6.62	****	6.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	110880	110880	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	1.2	****	1.2	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/13/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

 ${\sf FACILITY:} \quad {\sf TEXAS} \; {\sf INSTRUMENTS,} \; {\sf INC}.$

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2020
 06/30/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2.3	****	2.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)7/13/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

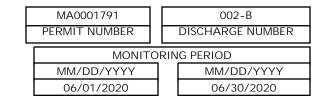
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	*****	*****	>= 6.62	*****	<= 6.71	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	2.4	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	97968	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/13/2020
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

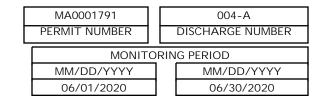
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.51	****	6.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	127364	127364	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	9.5	9.5	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	****	1.1	1.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/13/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703 ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2020
 06/30/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	1.1	*****	1.1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
-	loseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,		(214)54	7 1071	17/12/2020
		accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)7/13/2020
Γ	TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

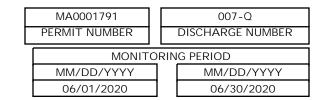
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.31	*****	6.31	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	****	*****	< 7	*****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	< 100	*****	< 100	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)7/13/202 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703 ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2020
 06/30/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4439458	4439458	gal/d	*****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/13/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

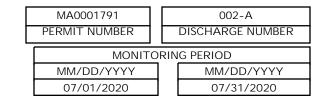
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	6.64	****	6.64	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111081	111081	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/13/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 07/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/13/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

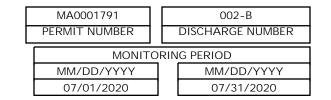
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	*****	*****	>= 6.6	*****	<= 6.77	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	59510	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/13/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

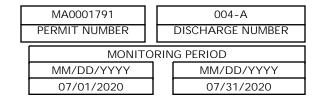
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.68	****	6.68	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121574	121574	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	10	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	2.6	2.6	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)8/13/2020
TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

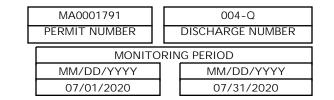
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	2.7	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	2.6	*****	2.6	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56)8/13/2020	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

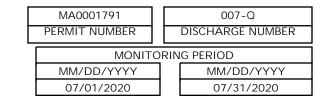
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)8/13/2020
İ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
07/01/2020	07/31/2020						

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

			QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/13/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY